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**CHAPTER 9. AVAILABILITY OF INFORMATION, STAFFING,
RECORDS AND REPORTING SYSTEMS**

9.01 AVAILABILITY OF INFORMATION

VA standards will be made available to other Federal, State and Local agencies charged with the responsibility of licensing or otherwise regulating or inspecting CRC (Community Residential Care) facilities.

9.02 STAFFING GUIDANCE

a. The ratio of CRC residents to one FTEE direct follow-up staff (exclusive of inspection team members and consultants) may range from 30 to 50 depending on the nature of the program. Factors which may influence the ratio are:

- (1) Turnover rate of residents.
- (2) Nature of residents' problems.
- (3) Distance of CRC's from medical center.
- (4) Number of veterans per CRC facility.
- (5) Availability of VA and non-VA supportive services.
- (6) Number of individual CRC facilities under supervision.

9.03 RECORDS

a. Procedures for recording in the patient treatment record, including the outpatient file, will be consistent with requirements for outpatient care recording.

b. Statistical accounting will be completed for each personal contact with the residents.

c. The program coordinator will maintain a file on each CRC facility. The file will contain:

- (1) Residential care home program provider application (VA Form 10-2407).
- (2) Social Work evaluation statement.
- (3) Inspection reports.
- (4) All correspondence relating to the facility.
- (5) All material relating to any hearing and decision.

9.04 REPORTING SYSTEM

a. AMIS Segments 257 and 258 will be prepared and submitted in accordance with MP-6, part VI, supplement No. 1.2.

b. The CRC Facilities Report, RCS 10-0173 (old RCS 18-8) will also be prepared and submitted. Instructions follow in Appendix 9A.

INSTRUCTIONS FOR RESIDENTIAL CARE FACILITIES REPORT, RCS 10-0173

1. RESIDENTIAL CARE FACILITIES REPORT, RCS 10-0173 (OLD RCS 18-8)

The following instructions are for the preparation of the Residential Care Facilities Report, RCS 10-0173. The report provides information to VA Central Office about CRC (Community Residential Care) facilities approved by VA. It is the only source of data about individual CRC facilities and is used for program management, special analyses as well as answering inquiries from Members of Congress and other interested people.

2. INSTRUCTIONS

(a) The data required will be reported on VA Form 10-5502, Residential Care Program Code Sheet. Forms will be available from the VA Forms and Publication Depot. Instructions for preparing the form are provided in Paragraph #3 of this appendix.

(b) Each health care facility, including independent outpatient clinics, will report, on a quarterly basis, information regarding the CRC facilities in which there are veterans who were placed during the current or prior quarters. CRC facilities with no veterans during the reporting period, but which are approved for placement of veterans, will also be reported.

(c) The information contained in the form will be sent electronically to the Austin DPC (Data Processing Center) and are due at the DPC by the 10th work day of the month following the end of the quarter.

(d) Each medical center has a designated coordinator for this report. The coordinator will assure the accuracy and timeliness of the report. The coordinator will assure that any errors are corrected within established timetables, the last day in the month following the end of the quarter. Changes in coordinators should be report to Central Office, Extended Care Service (145A), by letter or teletype.

(e) Each VA facility will receive a report of the CRC facilities where VA has veterans placed, or is approved for placement of veterans, location, bed capacity, number of veterans remaining at the end of the quarter, average daily census, average monthly rate, date of last assessment, number of homes for veterans only, and number of homes licensed by the State, with Regional and systemwide totals.

3. CODING INSTRUCTIONS FOR VA FORM 10-5502, RESIDENTIAL CARE PROGRAM REPORT CODE SHEET

<u>Number</u>	<u>Item</u>	<u>Coding Instructions</u>
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1. **Three Digit Station Number** Enter in the blocks the three digit number for the VA medical center reporting the home (Columns 1-3) (Refer to Consolidated Address Bulletin 1-D). Slash all zeros.

NumberItemCoding Instructions

2. **Addition** If the CRC home is a home in which veterans have not previously been placed, enter an "A" in the block (Column 4). Leave the block blank, if the home is not a new addition this reporting period.

3. **Name of CRC facility or** Enter the complete name of the CRC
Name of Proprietor facility. The name of the proprietor may be used if the home has no other formal name. Begin with the left most block (Columns 5-29). If the name is composed of two or more words, skip a block between each word or initial. Abbreviations may be necessary for many of the names. Where abbreviations are used, it is necessary to skip blocks between each word except that Residential Care Home may be abbreviated RCH and Residential Care Home, Incorporated, may be abbreviated RCHI with no empty blocks between the letters.

Bethesda Residential Care Home

B E T H E S D A R C H

Mrs. T. L. Suggs Residential Care Home, Inc.

M R S T L S U G G S R C H I

4. **Name of City in which** Enter the complete name of the city
CRC facility is located where the CRC facility is located, starting with the left most block (Columns 30-44). If the name is composed of two or more words, skip a block between each word. Abbreviations will be necessary for many of the names; however, proper names should not be abbreviated. Where abbreviations are used it is necessary to skip blocks between each word.

EXAMPLES:

Bonneville

B O O N E V I L L E

Fort Harrison

F O R T H A R R I S O N

NumberItemCoding Instructions

5. **State in which CRC facility**Enter the two-letter abbreviation for the state in which the CRC facility is located (Column 45-46). (Refer to MP-1, pt. II, ch. 6, App. G).

6. **Date of Last Assessment**Enter the month, day and year of the last inspection of the home by a VA team (Column 47-52). If the month or day is less than two digits each, prefix the number with a zero. Slash all zeros.

EXAMPLE:

1/23/90

0 1 2 3 9 0

7. **Licensed by State**Enter the letter "Y" in the block (Column 53) if the home is licensed by the State. If the State does not require licensing for this size or type of home, enter the letter "N".

8. **Number of Veterans Remaining**Enter the number of veterans remaining in the CRC facility on the last day of the quarter (Column 54-56). Precede numbers of less than three digits with zeros. Slash all zeros.

9. **Number of Days of Care**Enter the total number of days of care provided veterans during the period (Columns 57-61). The number of days of care will be the sum of the total number of days each veteran is in the program during the reporting period. If the total number of days of care is less than five digits, prefix the number with zeros. Slash all zeros.

10. **Number of Beds**Enter the total number of beds in CRC facility (Columns 62-64) on the last day of the quarter. If the number is less than three digits, prefix the number with zeros. Slash all zeros.

EXAMPLES:

11 beds 0 1 1

4 beds 0 0 4

NumberItemCoding Instructions

11. Home for Veterans Only If the home is for veterans only enter the letter "Y" in the block (Column 65). If the home takes both veterans and non-veterans enter the letter "N" in the block.

12. **Average Monthly Rate** Enter the average monthly rate paid by the individual evetran for residential care (Columns 66-69). This will be calculated by dividing the sum of the rates for all veterans in the home by the number of veterans in the home on the last day of the quarter. Round to the nearest dollar. If no rate is established for this reporting period enter zeros. Slash all zeros.

EXAMPLE:

Rate	\$585.58	0586
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13.

Reserved

Column 70-80 reserved for future use.